

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 6, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of the proposed IP Lumbar decompression, L2-3 TLIF (22852, 63047, 22842, 22633, 22851, 20936)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.02	22852		Prosp	1					Upheld
724.02	63047		Prosp	1					Upheld
724.02	22842		Prosp	1					Upheld
724.02	22633		Prosp	1					Upheld
724.02	22851		Prosp	1					Upheld
724.02	20936		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-21 pages

Respondent records- a total of 63 pages of records received to include but not limited to:

Texas Mutual Letter 6.5.12-7.18.12; Provider list; Request for an IRO forms; DDE report 1.10.2003; Medical report 2.19.03; records, Dr. 9.10.07-5.25.12; report, Dr. 1.18.08; Surgery report 7.3.08; Pain Management 6.15.11; Spine report 7.13.11, 8.17.11; X-ray Lumbar, Thoracic spine 8.9.11; CT Thoracic and Myelogram 8.9.11; ODG Thoracic and Lumbar (Acute and Chronic)

Requestor records- a total of 108 pages of records received to include but not limited to: Dr. 2.19.03-6.11.12; X-ray Lumbar, Thoracic spine 8.9.11; CT Thoracic and Myelogram 8.9.11; Dr. records 3.16.10-5.4.12; Dr. report 6.15.11; MRI C-Spine and T-spine 3.7.09; CT L-Spine w/ Myelogram 7.15.10; CT L spine w/o contrast 3.10.09; CT Lumbar and Myelogram 12.6.05, 6.4.07; x-rays 7.21.06; Diagnostics report 9.5.07, 9.17.07; records 3.4.08 for patient; Select Physical Therapy notes 1.15.08-3.20.08; various DWC forms 73

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

As documented in the records, the patient has had the L3-S1 instrumented fusion. There is now narrowing at L2-3 and imaging abnormality noted more to the left at L2-3 yet the only reported abnormal neurological finding was numbness over the right anterior thigh on office visit of 05-25-2012. There is no reported spine instability or other neurological deficit. The requested extension of the fusion to L2-3 is not validated at this time by ODG criteria.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES